Simple Letter Agreement for the Transfer of Animals

In response to RECIPIENT's request for the MATERIAL	SCIENTIST agree to the following before the dismade available as a service to the research etcs. TS. esearch purposes only. Hout the PROVIDER's written consent. The PROVIDER. To the extent supplies are available, the MATERIAL available, under a separate Simple it research purposes only. ATERIAL in any publications reporting use of it. derstood to be experimental in nature and may have ENTATIONS AND EXTENDS NO WARRANTIES E ARE NO EXPRESS OR IMPLIED R A PARTICULAR PURPOSE, OR THAT THE ENT, COPYRIGHT, TRADEMARK, OR OTHER NT assumes all liability for claims for damages or disposal of the MATERIAL except that, to the ECIPIENT when the damage is caused by the gross
8. The MATERIAL is provided at no cost, or with an optional to for its preparation and distribution costs. If a fee is requested, the	ransmittal fee solely to reimburse the PROVIDER
9. If RECIPIENT generates crossbred mice that incorporate the crossbred mice to non-profit institutions under the terms of a mainstitution of the existence of PROVIDER's rights to the crossb 10. If RECIPIENT generates crossbred mice that incorporate the such crossbred mice to PROVIDER, upon request, under the sail 11. In accepting this animal/these animals, RECIPIENT accepts under all applicable Federal laws, including but not limited to the regulations. By transferring this animal/these animals, PROVID or patentable subject matter contained within the animal(s).	atterial transfer agreement that notifies the non-profit red mice. allele, RECIPIENT agrees to provide me terms as this agreement. full responsibility for its/their custody, care and use the Animal Welfare Act and implementing U.S.D.A.
The PROVIDER, RECIPIENT and RECIPIENT SCIENTIST n signed copy to the PROVIDER. The PROVIDER will then send	
PROVIDER INFORMATION and AUTHORIZED SIGNATUR PROVIDER Scientist: PROVIDER Organization: Address: Name of Authorized Official: Title of Authorized Official: Certification of Authorized Official: This Simple Letter Agree modified. If modified, the modifications are attached.	
Signature of Authorized Official	Date

RECIPIENT INFORMATION and AUTHORIZED SIGNATURE RECIPIENT SCIENTIST:		
RECIPIENT Organization: National Institute of Mental Health,		
Address: Building 10, Room 4N222, 10 Center Drive MSC 1381, Bethesda, MD 20892-1381		
Name of Authorized Official: <u>Phuong Kim Pham, Ph.D.</u>		
Title of Authorized Official: <u>Director</u> , <u>Office of Technology Transfer</u> , <u>NIMH</u>		
Signature of Authorized Official	Date:	
Certification of RECIPIENT SCIENTIST: I have read and understood the conditions outlined in this Agreement and		
I agree to abide by them in the receipt and use of the MATERIAL.		
RECIPIENT SCIENTIST	Date	